| | I in this information to identify your case: | | | |
|--------|---|--------------|-------------|----------------------------------|
| Det | btor 1 William James Slomcheck First Name Middle Name Last Name | | | |
| Deb | btor 2 Anna-Marie H Dolansky-Slomcheck | | | |
| (Spo | ouse if, filing) First Name Middle Name Last Name | | | |
| Uni | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO | | | |
| Cas | se number 19-40977 | | | |
| (if kn | nown) | | | k if this is an ded filing |
| | | | | |
| | fficial Form 106Sum | ation | | 40/45 |
| | Immary of Your Assets and Liabilities and Certain Statistical Inform as complete and accurate as possible. If two married people are filing together, both are equally resp | | | 12/15 ng correct |
| | ormation. Fill out all of your schedules first; then complete the information on this form. If you are filling or original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | ng amende | ed schedu | iles after you file |
| Par | rt 1: Summarize Your Assets | | | |
| | | | Your a | essets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 104,320.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 43,559.85 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 147,879.85 |
| Par | rt 2: Summarize Your Liabilities | | | |
| | | | | i abilities nt you owe |
| | | | Amour | it you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Sche | edule D | \$ | 97,373.46 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 6,734.77 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 75,982.15 |
| | | | _ | |
| | Your total | liabilities | \$ | 180,090.38 |
| Par | rt 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 3,838.87 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 3,127.95 |
| Par | rt 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the co | urt with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,106.63

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 6,734.77 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 62,000.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 68,734.77 |

| _ | William James First Name Anna-Marie H First Name | Middle | Name | Last Name | | |
|---------------------------------------|---|---------------------|----------|--|---------------------------------------|---|
| (Spouse, if filing) United States Bar | Anna-Marie H | | | Last Hamo | | |
| United States Bar | | | mche | ck | | |
| _ | | Middle | Name | Last Name | | |
| Case number 1 | nkruptcy Court for the | ne: NORTHER | N DIST | RICT OF OHIO | | |
| _ | 9-40977 | | | | | ☐ Check if this is a |
| | | | | | | amended filing |
| | | | | | | |
| Official For | rm 106A/B | | | | | |
| Schedule | e A/B: Pro | perty | | | | 12/15 |
| nswer every quest | tion. | • | | his form. On the top of any additional pages, I Estate You Own or Have an Interest In | , | , |
| □ No. Go to Part ■ Yes. Where is | 2. | table interest in a | ny resid | lence, building, land, or similar property? | | |
| | Trace Street f available, or other descri | ption | What | single-family home Duplex or multi-unit building | the amount of any secu | claims or exemptions. Put ired claims on Schedule D: laims Secured by Property. |
| Youngstov | wn OH | 44515-0000 | | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| City | State | ZIP Code | | Investment property | \$104,320.00 | \$104,320.00 |
| | | | Uho | Timeshare Other has an interest in the property? Check one Debtor 1 only | | f your ownership interest enancy by the entireties, o ı. |
| Mahoning | | | | Debtor 2 only | | |
| County | | | | Debtor 1 and Debtor 2 only | ☐ Check if this is c | ommunity property |
| | | | | | (see instructions) | , p |
| | | | | r information you wish to add about this iten erty identification number: | ı, such as local | |
| | | | • | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debt | | | es Slomcheck H Dolansky-Slom | check | Case number (if know | vn) 19-4 | 10977 |
|--------------|---------|------------------------------------|--|---|---------------------------------|-------------|---|
| 3. Ca | rs, van | s, trucks, trac | tors, sport utility ve | hicles, motorcycles | | | |
| | No | | | | | | |
| | Yes | | | | | | |
| _ | 163 | | | | | | |
| 3.1 | Make: | Ford | | Who has an interest in the property? Check one | Do not deduct | secured cl | aims or exemptions. Put |
| 0.1 | Model | F450 | | _ | | | ed claims on Schedule D: ms Secured by Property. |
| | Year: | 2007 | | ■ Debtor 1 only □ Debtor 2 only | | | |
| | | ximate mileage: | 130,000 | Debtor 1 and Debtor 2 only | Current value entire propert | | Current value of the portion you own? |
| | | information: | | ☐ At least one of the debtors and another | | • | |
| | Loca | tion: 2333 O | ak Trace | | . | | |
| | Stree | et, Youngsto | wn OH 44515 | ☐ Check if this is community property (see instructions) | \$3 ,7 | 789.00 | \$3,789.00 |
| 3.2 | Make: | Ford | | Who has an interest in the property? Check one | | | aims or exemptions. Put |
| | Model | | | Debtor 1 only | | | ed claims on Schedule D: ms Secured by Property. |
| | Year: | 2008 | | ■ Debtor 2 only | | | |
| | | ximate mileage: | 110000 | ☐ Debtor 1 and Debtor 2 only | Current value entire propert | | Current value of the portion you own? |
| | Other | information: | | ☐ At least one of the debtors and another | | | |
| | | tion: 2333 O | | | ¢o. | FFC 00 | 40.550.00 |
| | Stree | et, Youngsto | wn OH 44515 | ☐ Check if this is community property (see instructions) | \$3, ; | 556.00 | \$3,556.00 |
| | Yes | dollar valuo of | the portion you ow | n for all of your entries from Part 2, includin | a any entries for | | |
| | | | | that number here | | L | \$7,345.00 |
| Part 3 | B: Desc | cribe Your Perso | onal and Household Ite | ems | | | |
| | | | | terest in any of the following items? | | [[| Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | | ld goods and f s: Major appliar | furnishings nces, furniture, linens | , china, kitchenware | | | |
| | Yes. D | Describe | | | | | |
| | | | misc household | d goods, furnishings | | | |
| | | | | Oak Trace Street, Youngstown OH 4451 | 15 | | \$2,000.00 |
| E: | No | s: Televisions a | | eo, stereo, and digital equipment; computers, p nedia players, games | rinters, scanners; mus | ic collecti | ons; electronic devices |
| | | | 45" flat screen | TV, 30" flat screen TV, 19" flat screen T | V. 2 laptops | | \$500.00 |
| | | | | , | - , - pp- | | |

Official Form 106A/B Schedule A/B: Property page 2

| | ebtor 1 ebtor 2 | | es Slomcheck I Dolansky-Slomcheck | Case number (if known) | 19-40977 |
|-----|-----------------------------------|--|--|--|---|
| 8. | Example No | | figurines; paintings, prints, or other artwork; books, pictu ns, memorabilia, collectibles | res, or other art objects; stamp, coin | , or baseball card collections; |
| 9. | Equipme Example No | nt for sports an | graphic, exercise, and other hobby equipment; bicycles, | pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| 10. | ■ No | | , shotguns, ammunition, and related equipment | | |
| 11. | □ No | | othes, furs, leather coats, designer wear, shoes, accesso | ries | |
| | | | clothing Location: 2333 Oak Trace Street, Youngstown | n OH 44515 | \$200.00 |
| 12. | □ No | | velry, costume jewelry, engagement rings, wedding rings wedding bands, engagement ring Location: 2333 Oak Trace Street, Youngstowr | | gold, silver \$6,000.00 |
| | Example ■ No □ Yes. Any oth ■ No | m animals les: Dogs, cats, b Describe er personal and Give specific info | birds, horses | | |
| 15 | | | of all of your entries from Part 3, including any entrien number here | | \$8,700.00 |
| | | cribe Your Financ n or have any le | cial Assets egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No | | nave in your wallet, in your home, in a safe deposit box, a | and on hand when you file your petit | ion |
| 17. | Deposit | s of money les: Checking, sa | avings, or other financial accounts; certificates of deposit If you have multiple accounts with the same institution, lis | | houses, and other similar |

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Schedule A/B: Property

Official Form 106A/B

Best Case Bankruptcy

page 3

| | tor 1 tor 2 | | | | ncheck nsky-Slomch | eck | | Case number (if known) 19 | 9-40977 |
|-----|-----------------|--------------------------|-------------|------------|---------------------------------------|----------------------------|--|--|---------------------------------------|
| | Yes | | | | | | Institution name: | | |
| | | | | 17.1. | Checking | | First National Bank | | \$3,307.97 |
| _ | Examp | | | | cly traded stoc ent accounts wi | | ge firms, money market ac | counts | |
| | ■ No I Yes | | | | Institution or is | ssuer name | e: | | |
| | | ublicly tra enture | aded sto | ck and | interests in in | corporate | ed and unincorporated bu | sinesses, including an interest in | an LLC, partnership, and |
| | No | 0: | | | 1 | | | | |
| L | 」Yes. | Give spe | CITIC INTO | | about them me of entity: | | | % of ownership: | |
| | Negoti | iable instr | uments i | nclude į | personal checks | s, cashiers | le and non-negotiable ins s' checks, promissory notes r to someone by signing or | s, and money orders. | |
| | Yes. | Give spe | cific infor | | about them uer name: | | | | |
| _ | | ment or p oles: Inter | | | | I(k), 403(b |), thrift savings accounts, o | r other pension or profit-sharing plar | ns |
| | Yes. | List each | account | | tely. of account: | | Institution name: | | |
| | | | | Thrif | t Saving | | US Postal Service | | \$24,206.88 |
| | Your s | ty deposi hare of al | l unused | deposi | ts you have ma | ide so that rent, publi | you may continue service c utilities (electric, gas, wat | or use from a company er), telecommunications companies | , or others |
| | ■ No □ Yes. | | | | | | Institution name or indivi | dual: | |
| _ | _ | ies (A co | ntract for | a perio | dic payment of | money to | you, either for life or for a n | number of years) | |
| | ■ No] Yes | | Iss | uer nam | ne and descripti | ion. | | | |
| 2 | | | | | n an account i and 529(b)(1). | n a qualifi | ied ABLE program, or und | der a qualified state tuition progra | ım. |
| | | | Ins | titution i | name and desc | ription. Se | parately file the records of | any interests.11 U.S.C. § 521(c): | |
| | Γrusts, I No | , equitab | e or futu | ure inte | rests in prope | rty (other | than anything listed in lir | ne 1), and rights or powers exercis | sable for your benefit |
| _ | _ | Give spe | cific info | rmation | about them | | | | |
| _ | | | | | | | her intellectual property om royalties and licensing a | agreements | |
| | | Give spe | cific info | rmation | about them | | | | |
| | | • | | | er general intar clusive licenses, | - | ve association holdings, liq | uor licenses, professional licenses | |
| | | Give spe | cific info | rmation | about them | | | | |
| Mor | ney or | property | owed to | you? | | | | | Current value of the portion you own? |

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Best Case Bankruptcy

page 4

Schedule A/B: Property

Official Form 106A/B

| | ebtor 1 ebtor 2 | William James Slomcheck Anna-Marie H Dolansky-Slomcheck | Case number (if known) | 19-40977 |
|------|--------------------|--|--|---|
| | | | | Do not deduct secured claims or exemptions. |
| | | nds owed to you | | |
| | ■ No □ Yes. G | tive specific information about them, including whether you already filed th | e returns and the tax years | |
| | ■ No | support es: Past due or lump sum alimony, spousal support, child support, mainter sive specific information | nance, divorce settlement, property | settlement |
| | | mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefits, sick p benefits; unpaid loans you made to someone else | pay, vacation pay, workers' comper | nsation, Social Security |
| | ☐ Yes. (| Give specific information | | |
| 31. | | s in insurance policies es: Health, disability, or life insurance; health savings account (HSA); cred | lit, homeowner's, or renter's insurar | ce |
| | ☐ Yes. N | lame the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you are | erest in property that is due you from someone who has died to the beneficiary of a living trust, expect proceeds from a life insurance pose has died. | olicy, or are currently entitled to rece | eive property because |
| | ■ No □ Yes. (| Give specific information | | |
| 33. | | against third parties, whether or not you have filed a lawsuit or made es: Accidents, employment disputes, insurance claims, or rights to sue | a demand for payment | |
| | _ | Describe each claim | | |
| | Other co | ontingent and unliquidated claims of every nature, including countered | claims of the debtor and rights to | set off claims |
| | ☐ Yes. [| Describe each claim | | |
| 35. | Any fina ■ No | ncial assets you did not already list | | |
| | ☐ Yes. (| Give specific information | | |
| 36 | | e dollar value of all of your entries from Part 4, including any entries t 4. Write that number here | | \$27,514.85 |
| Pa | rt 5: Desc | cribe Any Business-Related Property You Own or Have an Interest In. List any | real estate in Part 1. | |
| | Do you ov | wn or have any legal or equitable interest in any business-related property? o Part 6. | | |
| | ☐ Yes. Go | | | |
| Pa | | cribe Any Farm- and Commercial Fishing-Related Property You Own or Have and own or have an interest in farmland, list it in Part 1. | n Interest In. | |
| 46. | | own or have any legal or equitable interest in any farm- or commercia | al fishing-related property? | |
| Offi | _ | Go to line 47. | | page 5 |
| Soft | uoro Convria | ht (c) 1006-2010 Root Case LLC - www.hostcase.com | | Roet Caso Bankrunto |

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| Part | 7: Describe All Property You Own or Have an Interest in That | You [| Oid Not List Above | | |
|------|---|-------|--------------------|------------------------------|--------------|
| | Do you have other property of any kind you did not already learning Examples: Season tickets, country club membership | list? | | | |
| _ | ■ No □ Yes. Give specific information | | | | |
| _ | Tes. Give specific information | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write | that | number here | | \$0.00 |
| | | | | | |
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$104,320.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$7,345.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | | \$8,700.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$27,514.85 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + _ | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$43,559.85 | Copy personal property total | \$43,559.8 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$147,879.85 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this inforr | nation to identify your | case: | | |
|---------------------|-------------------------|-------------------|-----------|-----------------------------------|
| Debtor 1 | William James SI | omcheck | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Anna-Marie H Do | lansky-Slomcheck | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number | 19-40977 | | | |
| (if known) | | | | Check if this is a amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are | vou claiming? | ? Check one only | even if v | our spouse is filing | a with you. |
|----|-----------------------------|---------------|------------------|-----------|----------------------|-------------|
| | | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Ame | ount of the exemption you claim | Specific laws that allow exemption | |
|--|--|-----|---|---|--|
| | Copy the value from Check only one box for each exemption. Schedule A/B | | | | |
| 2333 Oak Trace Street Youngstown, OH 44515 Mahoning County | \$104,320.00 | | \$6,946.54 | Ohio Rev. Code Ann. § 2329.66(A)(1) | |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(1) | |
| 2007 Ford F150 130,000 miles Location: 2333 Oak Trace Street, | \$3,789.00 | | \$3,789.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) | |
| Youngstown OH 44515 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(2) | |
| 2008 Ford Escape 110000 miles Location: 2333 Oak Trace Street, | \$3,556.00 | | \$3,556.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) | |
| Youngstown OH 44515 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | , , , , , , , , , , , , , , , , , , , | |
| misc household goods, furnishings Location: 2333 Oak Trace Street, | \$2,000.00 | | \$2,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Youngstown OH 44515 Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 45" flat screen TV, 30" flat screen TV, 19" flat screen TV, 2 laptops | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(, ,)(+)(u) | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| | bbtor 2 | eck | | Case number (if known) | 19-40977 | |
|----|--|--------------------------------------|---------|---|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| | clothing Location: 2333 Oak Trace Street, | \$200.00 | | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| | Youngstown OH 44515 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(4)(a) | |
| | wedding bands, engagement ring Location: 2333 Oak Trace Street, | \$6,000.00 | | \$3,400.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) | |
| | Youngstown OH 44515 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(1)(4)(0) | |
| | Checking: First National Bank Line from Schedule A/B: 17.1 | \$3,307.97 | | \$2,650.00 | Ohio Rev. Code Ann. § | |
| | Line Ironi Scriedule A/B. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(18) | |
| | Checking: First National Bank Line from Schedule A/B: 17.1 | \$3,307.97 | | \$657.97 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| | Line Ironi Scredule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 2029.00(A)(3) | |
| | Thrift Saving: US Postal Service Line from Schedule A/B: 21.1 | \$24,206.88 | | 100% | Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09, | |
| | Line Iron Scriedule A/B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 145.56, 145.75, 145.13, 742.47 3307.71 | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmer | nt.) | |
| | ■ No | | | | | |
| | ☐ Yes. Did you acquire the property cover | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |

Official Form 106C

☐ Yes

| Fill in this information to iden | tify your case: | | | | |
|--|---|------------------------|--|--|--------------------------|
| | | | | | |
| Debtor 1 William J | ames Slomcheck Middle Name | Last Name | | | |
| | rie H Dolansky-Slomcheck | Last Name | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court | for the: NORTHERN DISTRICT OF | ОНЮ | | | |
| Case number 19-40977 | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | led filing |
| 0/// 1 1 5 1000 | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Credi | itors Who Have Claim | s Secured | by Propert | у | 12/15 |
| | ossible. If two married people are filing to ge, fill it out, number the entries, and attac | | | | |
| 1. Do any creditors have claims se | cured by your property? | | | | |
| ☐ No. Check this box and s | submit this form to the court with your o | ther schedules. You | have nothing else t | o report on this form. | |
| Yes. Fill in all of the infor | • | | 0 | • | |
| | | | | | |
| | | Pr | Column A | Column B | Column C |
| for each claim. If more than one cre | litor has more than one secured claim, list the aditor has a particular claim, list the other cre- alphabetical order according to the creditor's | ditors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Michael Kohut | Describe the property that secu | res the claim: | \$3,156.04 | \$104,320.00 | \$0.00 |
| Creditor's Name | 2333 Oak Trace Street Yo | oungstown, | | | |
| | OH 44515 Mahoning Cou | unty | | | |
| 35913 Westminster Av North Ridgeville, OH | As of the date you file, the claim | is: Check all that | | | |
| 44039 | apply. □ Contingent | | | | |
| Number, Street, City, State & Zip C | · | | | | |
| . ta | ☐ Disputed | | | | |
| Who owes the debt? Check one. | | ply. | | | |
| ☐ Debtor 1 only | ☐ An agreement you made (such | n as mortgage or secur | red | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, | , mechanic's lien) | | | |
| At least one of the debtors and a | another Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | Other (including a right to offse | et) | | | |
| community debt | | | | | |
| Date debt was incurred 4/15/19 | 9 Last 4 digits of account r | number | | | |
| 2.2 Midland Funding, LLC | Describe the property that secu | res the claim: | \$2,089.70 | \$104,320.00 | \$0.00 |
| Creditor's Name | 2333 Oak Trace Street Yo | | | <u> </u> | |
| | OH 44515 Mahoning Cou | | | | |
| 2365 Northside Dr. | As of the date you file, the claim | is: Check all that | | | |
| Ste 300 | apply. | . ioi oncon an mar | | | |
| San Diego, CA 92108 | Contingent | | | | |
| Number, Street, City, State & Zip C | Code Unliquidated Disputed | | | | |
| Who owes the debt? Check one. | • | ply. | | | |
| Debtor 1 only | ☐ An agreement you made (such | • | red | | |
| Debtor 2 only | car loan) | 3 3 1 1 1 1 | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, | , mechanic's lien) | | | |
| ☐ At least one of the debtors and a | another Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | _ | et) | | | |
| community debt | | | | | |
| Date debt was incurred 10/7/10 | 6 Last 4 digits of account r | number | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | William Ja | mes Slomche | ck | Case number (if known) | 19-40977 | |
|--|---|--|---|--|-----------------------------|-------------|
| Dobtor 2 | First Name | Middle Na | | | | |
| Debior 2 | First Name | e H Dolansky Middle Na | | | | |
| | nnymac Loa itor's Name | an Services | Describe the property that secures the claim 2333 Oak Trace Street Youngstow | | \$104,320.00 | \$0.00 |
| Correspondence Unit/Bankruptcy Po Box 514387 Los Angeles, CA 90051 Number, Street, City, State & Zip Code | | CA 90051 | OH 44515 Mahoning County As of the date you file, the claim is: Check all apply. Contingent Unliquidated Disputed | | | |
| Debtor | • | heck one. | Nature of lien. Check all that apply. An agreement you made (such as mortgage) | e or secured | | |
| ☐ At least | 1 and Debtor 2 | tors and another | car loan) Statutory lien (such as tax lien, mechanic's Judgment lien from a lawsuit Other (including a right to offset) | lien) | | |
| Date debt | was incurred | Opened 06/10 Last Active 11/16/18 | Last 4 digits of account number | 1373 | | |
| | ungstown C spital Co., L | | Describe the property that secures the claim | _{n:} \$1,161.33 | \$104,320.00 | \$0.00 |
| | itor's Name | | 2333 Oak Trace Street Youngstow OH 44515 Mahoning County | rn, | | |
| Υοι | Gypsy Lar ungstown, (per, Street, City, S | OH 44504 | As of the date you file, the claim is: Check all apply. Contingent Unliquidated | that | | |
| Who owe | s the debt? C | heck one. | ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage) | e or secured | | |
| Debtor | 2 only | | car loan) | | | |
| _ | 1 and Debtor 2 | , | ☐ Statutory lien (such as tax lien, mechanic's | lien) | | |
| ☐ Check | if this claim re unity debt | tors and another | ■ Judgment lien from a lawsuit □ Other (including a right to offset) | | | |
| Date debt | was incurred | 1/15/13 | Last 4 digits of account number | | | |
| If this is Write tha | the last page of the last number here | of your form, add | olumn A on this page. Write that number here the dollar value totals from all pages. r a Debt That You Already Listed | e: \$97,373 \$97,373 | | |
| trying to c | collect from your | u for a debt you o | e notified about your bankruptcy for a debt the we to someone else, list the creditor in Part 1 you listed in Part 1, list the additional credito is page. | , and then list the collection age | ency here. Similarly, if yo | u have more |
| Re Att 30 | me, Number, St imer Law C in: Dean He 455 Solon F lon, OH 441 | egyes, Esq. Rd | | On which line in Part 1 did you ento Last 4 digits of account number | | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| | | | | 1 | |
|---|---|--|---|---|---|
| Fill in | this information to identify your case: | | | | |
| Debtor | William James Slomche | ck | | | |
| | First Name M | fiddle Name Last Name | | | |
| Debtor | 7 time mane in Dolanoky | | | | |
| (Spouse | if, filing) First Name N | liddle Name Last Name | | | |
| United | States Bankruptcy Court for the: NORT | HERN DISTRICT OF OHIO | | | |
| Case r | number 19-40977 | | | | |
| (if known | | | | ☐ Check | if this is an |
| | | | | _ | led filing |
| O.(; . ; | Tal Face 400F/F | | | | |
| | ial Form 106E/F | | | | 40/45 |
| | edule E/F: Creditors Who H omplete and accurate as possible. Use Part 1 | | | | 12/15 |
| any exe Schedul Schedul Ieft. Atta | cutory contracts or unexpired leases that cou le G: Executory Contracts and Unexpired Leas le D: Creditors Who Have Claims Secured by I ach the Continuation Page to this page. If you nd case number (if known). | Id result in a claim. Also list executory contra ses (Official Form 106G). Do not include any c Property. If more space is needed, copy the Pa | cts on Schedule A/B: F reditors with partially s art you need, fill it out, | Property (Official For secured claims that a number the entries i | m 106A/B) and on are listed in n the boxes on the |
| Part 1: | List All of Your PRIORITY Unsecured | d Claims | | | |
| 1. Do | any creditors have priority unsecured claims | against you? | | | |
| | No. Go to Part 2. | | | | |
| | Yes. | | | | |
| ide pos | It all of your priority unsecured claims. If a cre- ntify what type of claim it is. If a claim has both pr ssible, list the claims in alphabetical order accordi rt 1. If more than one creditor holds a particular cl | iority and nonpriority amounts, list that claim here ng to the creditor's name. If you have more than | and show both priority a | and nonpriority amoun | ts. As much as |
| (Fo | or an explanation of each type of claim, see the in | structions for this form in the instruction booklet.) | | | |
| | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Angela Slomcheck | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| | Priority Creditor's Name | | | | - |
| | 1872 Front St SW Warren, OH 44485 | When was the debt incurred? | | - | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check | call that apply | | |
| W | /ho incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | ■ Domestic support obligations | | | |
| | Check if this claim is for a community debt | _ | a government | | |
| | the claim subject to offset? | ☐ Claims for death or personal injury while | - | | |
| | No | Other. Specify | • | | |
| | Yes | — Other. Specify | | | |
| | | | | | |
| 2.2 | City of Warren Priority Creditor's Name | Last 4 digits of account number 2266 | \$6,734.77 | \$6,734.77 | \$0.00 |
| | PO Box 230 | When was the debt incurred? 2005- | 2011 | | |
| | Warren, OH 44482 | | . Hali are a said | - | |
| W | Number Street City State Zip Code /ho incurred the debt? Check one. | As of the date you file, the claim is: Check | call that apply | | |
| _ | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | · | Disputed | | | |
| _ | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | Check if this claim is for a community debt | | - | | |
| | the claim subject to offset? | ☐ Claims for death or personal injury while | you were intoxicated | | |
| | No | | | | |
| | ☐ Yes | tax | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 14

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37262

| | tor 1 tor 2 | William James Slomcheck Anna-Marie H Dolansky-Slomcheck | | Case number (if known) | 19-40977 | |
|------|----------------|---|--|-------------------------------------|--------------------|---------------------------|
| Part | t 2: | List All of Your NONPRIORITY Unsecure | ed Claims | | | |
| 3. | Do a | ny creditors have nonpriority unsecured claims | against you? | | | |
| | _ | • • | | - 4.4 | | |
| | | lo. You have nothing to report in this part. Submit thi | s form to the court with your other sch | edules. | | |
| | Y | es. | | | | |
| | unse | all of your nonpriority unsecured claims in the all cured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other creditor holds are particular claim, list the other credit | m. For each claim listed, identify what | type of claim it is. Do not list of | claims already inc | cluded in Part 1. If more |
| | ٦ | | | | | |
| 4.1 | | Ally Financial Nonpriority Creditor's Name | Last 4 digits of account number | 2601 | | \$0.00 |
| | · | Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 | When was the debt incurred? | Opened 10/04/12 L 1/13/17 | ast Active | - |
| | | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | , | Who incurred the debt? Check one. | | | | |
| | | Debtor 1 only | ☐ Contingent | | | |
| | | Debtor 2 only | ☐ Unliquidated | | | |
| | | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | | Yes | Other. Specify Automobil | e | | _ |
| 4.2 | 1 | Ally Financial | Last 4 digits of account number | 1951 | | \$0.00 |
| | | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 | When was the debt incurred? | Opened 07/11 Last 9/29/14 | Active | - |
| | | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | | Who incurred the debt? Check one. | | | | |
| | | Debtor 1 only | ☐ Contingent | | | |
| | | Debtor 2 only | ☐ Unliquidated | | | |
| | | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | | ☐ Check if this claim is for a community | Student loans | | | |
| | | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | | No | Debts to pension or profit-shari | ng plans, and other similar do | hts | |
| | | | · | ig pians, and other similal de | 010 | |
| | | ☐ Yes | Other. Specify Lease | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 14

| Debtor Debtor | 2 Anna-Marie H Dolansky-Slomcheck | | Case number (if known) | 19-40977 | |
|------------------|---|--|--------------------------------|------------------|----------|
| 4.3 | Ally Financial | Last 4 digits of account number | 4839 | | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 | When was the debt incurred? | Opened 07/08 Last 8/12/11 | Active | V |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | Yes | Other. Specify Lease | | | |
| 4.4 | AmeriCredit/GM Financial Nonpriority Creditor's Name | Last 4 digits of account number | 7918 | | Unknown |
| | Attn: Bankruptcy Po Box 183853 | When was the debt incurred? | Opened 10/14 Last 9/30/17 | Active | |
| | Arlington, TX 76096 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | Yes | Other. Specify Lease | | | |
| 4.5 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | 3389 | | \$0.00 |
| | Attn: Bankruptcy Po Box 982238 El Paso, TX 79998 | When was the debt incurred? | Opened 6/30/10 La 11/07/13 | ast Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | Yes | ■ Other. Specify FHA Real E | Estate Mortgage | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | William James Slomcheck Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-40977 | |
|-----|--|--|---|--------|
| | Best Buy/cbna Nonpriority Creditor's Name | Last 4 digits of account number | 0050 | \$0.00 |
| | Total priority ordate or tallo | When was the debt incurred? | Opened 3/09/07 Last Active 7/09/11 | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | count | |
| | Capital One | Last 4 digits of account number | 6108 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 3/09/07 Last Active 7/23/13 | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | count | |
| 4.8 | Capital One | Last 4 digits of account number | 3963 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 30285 Salt Lake City, LIT 84120 | When was the debt incurred? | Opened 06/09 Last Active 11/27/11 | |
| - | Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separations | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | ■ No | ☐ Debts to pension or profit-sharing | | |
| | □Yes | ■ Other. Specify Charge Ac | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | 1 William James Slomcheck 2 Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-40977 | |
|-----|--|--|---|------------|
| 4.9 | Chase Card Services | Last 4 digits of account number | 5242 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 7/14/03 Last Active 12/24/13 | Ψ0.00 |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u>d</u> | |
| 4.1 | Coastal Credit LIc Nonpriority Creditor's Name | Last 4 digits of account number | 4439 | \$8,814.00 |
| | Attn: Bankruptcy Department 10333 N. Merdian, Suite 400 Indianapolis, IN 46290 | When was the debt incurred? | Opened 05/13 Last Active 9/10/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Automobil | e | |
| 4.1 | Collection Service Center, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | WH15 | \$86.00 |
| | 839 5th Ave New Kensington, PA 15068 | When was the debt incurred? | Opened 06/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Collection Inc | Attorney Ohio Imaging Assoc | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | Milliam James Slomcheck Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-40977 | |
|---|--|------------------------------------|---|---------|
| 1 | Collection Service Center, Inc. և | Last 4 digits of account number | IFSIK | \$70.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 560 | When was the debt incurred? | Opened 01/19 | |
| | New Kensington, PA 15068 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ At least one or the debtors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | | Collection | Attorney Ohio Imaging Assoc | |
| | Yes | Other. Specify Inc | | |
| 7 | Collection Service Center, Inc. | Last 4 digits of account number | Q303 | \$69.00 |
| ╛ | Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 06/14 | Ψ03.00 |
| | Po Box 560 New Kensington, PA 15068 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-shari | | |
| | Yes | Other. Specify Inc | Attorney Ohio Imaging Assoc | |
| | Credit One Bank | Last 4 digits of account number | 8713 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? | Opened 11/17 Last Active 7/05/18 | |
| | Las Vegas, NV 89193 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Credit Care | d | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto Debto | or 2 Milliam James Slomcheck Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-4 | 0977 |
|----------------|---|--|---------------------------------------|-------------|
| 4.1 5 | Dept Of Ed/582/nelnet | Last 4 digits of account number | 0983 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 3015 Parker Blvd., Suite 400 Aurora, CO 80014 | When was the debt incurred? | Opened 04/08 Last Active 02/17 | • |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | d Glaim. | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sep | aration agreement or divorce that you | did not |
| | Is the claim subject to offset? | report as priority claims | on plane, and other similar debte | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Education | al | |
| 4.1 6 | Dept Of Ed/582/neInet Nonpriority Creditor's Name | Last 4 digits of account number | 1083 | \$0.00 |
| | Attn: Bankruptcy Department 3015 Parker Blvd., Suite 400 Aurora, CO 80014 | When was the debt incurred? | Opened 04/08 Last Active 02/17 | . |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you | did not |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Education | al | |
| 4.1 7 | Ecmc Group | Last 4 digits of account number | 0001 | \$36,872.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 111 Washington Ave South Ste 1400 | When was the debt incurred? | Opened 07/16 | |
| | Minneapolis, MN 55401 Number Street City State Zip Code | As of the data you file the claim | in Charle II that and | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one or the debtors and another ☐ Check if this claim is for a community | Student loans | | |
| | debt | ☐ Obligations arising out of a sep | aration agreement or divorce that you | did not |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Education | al Key Bank Na | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto Debto | or 1 William James Slomcheck Or 2 Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-409 | 77 |
|----------------|---|--|---|-------------|
| 4.1 8 | Ecmc Group | Last 4 digits of account number | 0002 | \$10,771.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 111 Washington Ave South Ste 1400 | When was the debt incurred? | Opened 07/16 | |
| | Minneapolis, MN 55401 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did | not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □ Yes | Other. Specify | | |
| | - 163 | | al Key Bank Na | |
| 1 | | | | |
| 4.1 9 | Glelsi/key Edu Resourc | Last 4 digits of account number | 3760 | \$0.00 |
| | Nonpriority Creditor's Name | | Out and 1/40/00 I and Anti- | |
| | 2401 International Lane Madison, WI 53704 | When was the debt incurred? | Opened 4/10/08 Last Active 9/14/12 | • |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ☐ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did | not |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | al | |
| 4.2 0 | Medi-RX Nonpriority Creditor's Name | Last 4 digits of account number | 1160 | \$1,196.15 |
| | 6401 Olde Stone Crossing Youngstown, OH 44514 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did | not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| otor 2 Anna-Marie H Dolansky-Slomci | heck | Case number (if known) 19-40977 | |
|---|---|--|------------|
| Portfolio Recovery | Last 4 digits of account number | 4207 | \$1,397.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502 | When was the debt incurred? | Opened 12/15/14 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Factoring (| Company Account Cit Online | |
| Yes | Other. Specify Bank | | |
| Portfolio Recovery | Look districts of account mountain | 8620 | \$1,019.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,019.00 |
| Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502 | When was the debt incurred? | Opened 8/28/15 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | | Company Account World etwork Bank | |
| Portfolio Recovery | Last 4 digits of account number | 6108 | \$580.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd | When was the debt incurred? | Opened 3/30/15 | |
| Norfold, VA 23502 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d eleter. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | o ciaim: | |
| ☐ Check if this claim is for a community debt | Student loans | and the second s | |
| Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | | Company Account Citibank N.A. | |
| _ 100 | - Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Portfolio Recovery | Last 4 digits of account number | 2986 | \$395. |
|---|---|---|--------|
| Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502 | When was the debt incurred? | Opened 2/22/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Bank Usa N | Company Account Capital One N.A. | |
| Rogers Jewelers | Last 4 digits of account number | 6133 | \$0. |
| Nonpriority Creditor's Name Sterling Jewelers, Inc/Attn: Bankruptcy Po Box 1799 Akron, OH 44309 | When was the debt incurred? | Opened 7/15/13 Last Active 9/03/14 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | 01 , | |
| Yes | Other. Specify Charge Acc | count | |
| Syncb/Paypalsmartconn | Last 4 digits of account number | 2485 | \$0. |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 2/15/09 Last Active 9/07/10 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sens | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | nation agreement of divolce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor Debtor | 1 William James Slomcheck2 Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-409 | 777 |
|------------------|---|--|---|------------|
| 4.2 7 | Team Recovery, Inc | Last 4 digits of account number | 4205 | \$51.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1643 Stowe, OH 44224 | When was the debt incurred? | Opened 10/10/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d Claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did | i not |
| | No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | Yes | Other. Specify The Surgic | al Hospital At Sou | |
| 4.2 | U.S. Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | 6200 | \$6,848.00 |
| | Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 1/08/14 Last Activ 9/18/18 | e |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you dic | d not |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.2 9 | U.S. Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | 7912 | \$3,888.00 |
| | Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 1/08/14 Last Activ 9/18/18 | e |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | Пол | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | w | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | Inot |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | a plane, and other similar debte | |
| | ■ No | _ | iy pians, and other similal debts | |
| | Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor Debtor | 1 William James Slomcheck 2 Anna-Marie H Dolansky-Slomcheck | | Case number (if known) 19-40977 | |
|------------------|--|--|---|------------|
| 4.3 | U.S. Department of Education | Last 4 digits of account number | 6207 | \$2,316.00 |
| | Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 9/05/14 Last Active 9/18/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.3 | U.S. Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | 7909 | \$1,305.00 |
| | Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 9/05/14 Last Active 9/18/18 | |
| | Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | · | |
| | | Educationa | 11 | |
| 4.3 | U.S. Department of the Treasury Nonpriority Creditor's Name | Last 4 digits of account number | 0379 | \$305.00 |
| | Attn: Bankruptcy 1500 Pennsylvania Avenue, Nw Washington, DC 20220 | When was the debt incurred? | Opened 2/16/19 Last Active 3/27/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | | · | • | |
| | Yes | Other. Specify Government | IL WISCEHANEOUS DEDT | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | or 2 Anna-Marie H Dolansky-Slomched | k | Case number (if known) 19- | 40977 |
|----------|--|--|--|------------------------------------|
| 4.3 3 | USDOE/GLELSI | Last 4 digits of account number | 8581 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 1/08/14 Last A | ctive |
| | Po Box 7860 Madison, WI 53707 | When was the debt incurred? | 7/31/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that yo | u did not |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Education | al | |
| 4.3 4 | Wells Fargo Home Mortgage | Last 4 digits of account number | 9764 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 10335 Des Moines, IA 50306 | When was the debt incurred? | Opened 2/18/05 Last Ac 6/28/13 | ctive |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that yo | u did not |
| | ■ No | ☐ Debts to pension or profit-shar | ing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Real Estat | e Mortgage | |
| | | | | |
| Part | 3: List Others to Be Notified About a Deb | t That You Already Listed | | |
| is t | this page only if you have others to be notified al rying to collect from you for a debt you owe to so e more than one creditor for any of the debts that ified for any debts in Parts 1 or 2, do not fill out or | neone else, list the original creditor i you listed in Parts 1 or 2, list the add | in Parts 1 or 2, then list the collect | ion agency here. Similarly, if you |
| | | On which entry in Part 1 or Part 2 did yo | _ | |
| | nbull County CSEA High St NW | _ | Part 1: Creditors with Priority Unse | |
| | ren, OH 44481 | ast 4 digits of account number | Part 2: Creditors with Nonpriority U | Jnsecured Claims |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | mbull County CSEA | | Part 1: Creditors with Priority Unse | ecured Claims |
| | High St NW | | Part 2: Creditors with Nonpriority l | |
| vvar | ren, OH 44481 և | ast 4 digits of account number | | |
| | | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | • | ine <u>4.32</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unse | ecured Claims |
| | eau of Fiscal Services Box 1686 | ı | Part 2: Creditors with Nonpriority U | Jnsecured Claims |
| _ | ningham, AL 35201 | | | |
| | L | ast 4 digits of account number | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Case number (if known)

19-40977

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | To | otal Claim |
|-----------------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 6,734.77 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 6,734.77 |
| | | | | | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 62,000.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 13,982.15 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 75,982.15 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Fill in this inform | nation to identify your | case: | | | |
|---------------------|-------------------------|-------------------|-----------|--|------------------------------------|
| Debtor 1 | William James SI | omcheck | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Anna-Marie H Do | lansky-Slomcheck | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number 1 | 9-40977 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Name, Number | whom you have the Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | July | | Oldio | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this | s information to identify you | r case: | | | |
|-------------------------------|--|---|--|--|------------------------------------|
| Debtor 1 | William James S | Slomcheck | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | olansky-Slomcheck | Last Name | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case nun | nber 19-40977 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Ott: -: - | J Cowas 40011 | | | | |
| | al Form 106H | 1.14 | | | |
| Sche | dule H: Your Cod | debtors | | | 12/15 |
| 1. Do 1. No Ye 2. Wi Arizo | e and case number (if knowr you have any codebtors? (i | n). Answer every question. If you are filing a joint case, of your are filing a joint case, of your are filing a joint case, or you are filing a joint case, or you lived in a community property as, Nevada, New Mexico, Pu | do not list either spouse a operty state or territory? erto Rico, Texas, Washing | ? (Community property states ar | • |
| | | | • | your spouse is filing with you | u. List the person shown |
| Form | | | | rre you have listed the credito G). Use Schedule D, Schedule | |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The creditor to w Check all schedules that app | - |
| 3.1 | Angela Slomcheck 1002 Woodglen Dr Newton Falls, OH 44444 | | | ☐ Schedule D, line ■ Schedule E/F, line ☐ Schedule G City of Warren | - 2.2 |

Schedule H: Your Codebtors

| | in this information to identify your open of the state of | case: nes Slomcheck | | | |
|--------------------------------|--|---|--|-------------|---|
| | otor 2 Anna-Marie | H Dolansky-Slomche | eck | _ | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRI | CT OF OHIO | _ | |
| | se number 19-40977 | | - | | ck if this is: An amended filing A supplement showing postpetition chapter |
| | fficial Form 106I | | | _ | 13 income as of the following date: MM / DD/ YYYY |
| Be a sup spo atta | plying correct information. If you use. If you are separated and yo | ssible. If two married pec u are married and not fili ur spouse is not filing w On the top of any additi | ng jointly, and your spouse is ith you, do not include inforn | living with | 12/15 btor 2), both are equally responsible for a you, include information about your at your spouse. If more space is needed, umber (if known). Answer every question. |
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filling spouse |
| If you have more than one job, | | Employment status | ■ Employed | | ☐ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ■ Not employed |
| | employers. | Occupation | lahor | | |

Part 2: Give Details About Monthly Income

Include part-time, seasonal, or

Occupation may include student or homemaker, if it applies.

self-employed work.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

Rd

Employer's name

Employer's address

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Humtown Pattern Co

Columbiana, OH 44408

1 yr

44708 Columbiana Waterford

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,659.00 3,121.10 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 3,121.10 2,659.00

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

19-40977

| | | | For | Debtor 1 | | ebtor 2 or iling spouse | |
|-----|--|----------|-----|---|------|-------------------------|----------|
| | Copy line 4 here | 4. | \$ | 3,121.10 | \$ | 2,659.00 | |
| 5. | List all payroll deductions: | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 619.81 | \$ | 62.60 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | 123.19 | \$ | 0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 594.43 | |
| | 5e. Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. Domestic support obligations | 5f. | \$ | 541.20 | \$ | 0.00 | |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,284.20 | \$ | 657.03 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,836.90 | \$ | 2,001.97 | |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. | 10. \$ | | 1,836.90 + \$ | 2.00 | 1.97 = \$ | 3,838.87 |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ' | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _,-, | | -, |
| 11. | State all other regular contributions to the expenses that you list in Schedule Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not Specify: | depen | | | | hedule J. 11. +\$ | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The res Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i> applies | | | | | 12. \$ | 3,838.87 |
| | | | | | | Combine | |
| 13. | Do you expect an increase or decrease within the year after you file this form No. | ? | | | | monthly | income |
| | ☐ Yes. Explain: | | | | | | |

| Fill | in this informa | ation to identify yo | ur case: | | | | | |
|------------|-------------------------------|--|-------------------------|---|--|--------------|---|--|
| Deb | tor 1 | William Jame | es Slomo | heck | | Che | eck if this is: | |
| | otor 2 ouse, if filing) | Anna-Marie I | H Dolans | ky-Slomcheck | | | An amended filing A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the: | NORTH | ERN DISTRICT OF OHIO |) | | MM / DD / YYYY | |
| | e number 19 | 9-40977 | | | | | | |
| Oi | fficial Fo | orm 106J | | | | - | | |
| So | chedule | J: Your I | Exper | ises | | | | 12/1 |
| Be | as complete ormation. If m | and accurate as | possible. eded, atta | If two married people a ch another sheet to this | | | | |
| Par | t 1: Desc | ribe Your House | hold | | | | | |
| ١. | □ No. Go to | | | | | | | |
| | _ | es Debtor 2 live i | n a separ | ate household? | | | | |
| | ■ N □ Y | | t file Offici | al Form 106J-2, <i>Expense</i> | s for Separate House | ehold of Del | btor 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Daughter | | 11 | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No |
| 3. | expenses of | penses include of people other the d your depender | nan 👝 | No Yes | | | | ☐ Yes |
| Est exp | imate your e | a date after the b | our bankrı | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | h assistance and | | government assistance luded it on <i>Schedule I:</i> | | | Your exp | enses |
| 4. | | or home owners and any rent for the | | ses for your residence. r lot. | Include first mortgag | e 4. | \$ | 903.95 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Prope | erty, homeowner's | | | | 4b. | · | 0.00 |
| | | e maintenance, re | | | | 4c. | : | 0.00 |
| 5. | | eowner's associati mortgage payme | | dominium dues o <mark>ur residence</mark> , such as ho | ome equity loans | 4d. 5. | · | 0.00 0.00 |

| Debtor 1 Debtor 2 | | | James Slomcheck arie H Dolansky-Slomcheck | Case num | ber (if known) | 19-40977 |
|----------------------|-----------------|-------------------------|--|-------------|----------------|-------------------------------|
| 6. | Utilit | ties: | | | | |
| | 6a. | Electricity, | , heat, natural gas | 6a. | \$ | 250.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 170.00 |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 270.00 |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| 7. | Food | d and house | ekeeping supplies | 7. | \$ | 700.00 |
| 8. | Child | dcare and c | children's education costs | 8. | \$ | 25.00 |
| 9. | Cloti | hing, laund | ry, and dry cleaning | 9. | \$ | 140.00 |
| 10. | Pers | onal care p | products and services | 10. | \$ | 120.00 |
| 11. | Medi | ical and de | ntal expenses | 11. | \$ | 110.00 |
| 12. | | | Include gas, maintenance, bus or train fare. ar payments. | 12. | \$ | 160.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. | Char | ritable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. ot include in | surance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insura | ance | 15a. | \$ | 0.00 |
| | 15b. | Health ins | urance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | 15c. | \$ | 179.00 |
| | 15d. | Other insu | ırance. Specify: | 15d. | \$ | 0.00 |
| | Spec | cify: | clude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | _ | |
| | | | ents for Vehicle 1 | 17a. | · : ——— | 0.00 |
| | | | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | | Other. Spe | | 17c. | · | 0.00 |
| | | Other. Spe | | 17d. | \$ | 0.00 |
| | dedu | ucted from | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | 0.00 |
| 19. | Othe Spec | | s you make to support others who do not live with you. | 19. | \$ | 0.00 |
| 20. | Othe | er real prop | erty expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| | 20a. | Mortgages | s on other property | 20a. | \$ | 0.00 |
| | 20b. | Real estat | e taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, I | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenan | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | er: Specify: | pet care | 21. | +\$ | 50.00 |
| 22. | 22a. | Add lines 4 | monthly expenses through 21. 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 3,127.95 |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 3,127.95 |
| 23. | | • | monthly net income. 12 (your combined monthly income) from Schedule I. | 23a. | c | 2 020 07 |
| | | | monthly expenses from line 22c above. | 23b. | · <u> </u> | 3,838.87 |
| | | .,, | | 230. | - - | 3,127.95 |
| | 23c. | | our monthly expenses from your monthly income. is your <i>monthly net income</i> . | 23c. | \$ | 710.92 |
| 24. | For ex modif | xample, do yo | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your terms of your mortgage? | | | ease or decrease because of a |
| | ■ N | | Explain here: | | | |
| | - " | 00. | = April 11010 | | | |

| ormation to identify your | case: | | |
|---------------------------|---|---|---|
| | | Local Name | |
| | | Last Name | |
| Anna-Marie H Do | lansky-Slomcheck | | |
| First Name | Middle Name | Last Name | |
| Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| 19-40977 | | | |
| | | | ☐ Check if this is an amended filing |
| | William James SI First Name Anna-Marie H Do First Name Bankruptcy Court for the: | Anna-Marie H Dolansky-Slomcheck First Name Middle Name Bankruptcy Court for the: NORTHERN DISTRICT | William James Slomcheck First Name Middle Name Last Name Anna-Marie H Dolansky-Slomcheck First Name Middle Name Last Name Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|--|
| Did you pay or agree to pay someone who is NOT | an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | |
| Under penalty of perjury, I declare that I have read that they are true and correct. X /s/ William James Slomcheck William James Slomcheck Signature of Debtor 1 | the summary and schedules filed with this declaration and X /s/ Anna-Marie H Dolansky-Slomcheck Anna-Marie H Dolansky-Slomcheck Signature of Debtor 2 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| Fill in | this info | rmation to identify you | r case: | | | | | | |
|-----------|---|--|-------------------------------------|---|--|------------------------------------|--|--|--|
| Debtor | | William James S | | | | | | | |
| 20210. | - | First Name | Middle Name | Last Name | | | | | |
| Debtor | 2 | Anna-Marie H De | olansky-Slomcheck | | | | | | |
| (Spouse | if, filing) | First Name | Middle Name | Last Name | | | | | |
| United | States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | | |
| Case r | number | 19-40977 | | | | | | | |
| (if known |) | | | | | heck if this is an mended filing | | | |
| Offic | ial F | orm 107 | | | | | | | |
| State | emen | t of Financial | Affairs for Indivi | duals Filing for B | ankruptcy | 4/19 | | | |
| informa | ation. If | | attach a separate sheet to | | equally responsible for sup y additional pages, write you | | | | |
| Part 1: | | | arital Status and Where You | ı Lived Before | | | | | |
| 1. W | hat is yo | ur current marital statu | is? | | | | | | |
| | Marrie Not m | | | | | | | | |
| 2. Du | ıring the | last 3 years, have you | lived anywhere other than | where you live now? | | | | | |
| _ | No | | | | | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| D | ebtor 1 l | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory co, Texas, Washington and W | | | | |
| | No | | | | | | | | |
| | | Make sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | |
| Part 2 | Expl | ain the Sources of You | r Income | | | | | | |
| | | | | | | | | | |
| Fil | I in the to | otal amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? | | | |
| | No | | | | | | | | |
| | | fill in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | |
| | | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$15,333.02 | ■ Wages, commissions, bonuses, tips | \$4,460.00 | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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| | | | | 5 14 4 | | | 5.1. | | |
|---|--|--|-------------|---|-------------------------------------|--|---|-----------|---|
| D | | Debtor 1 | | | Debtor 2 | | | | |
| | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) | | |
| / lanuary 1 to December 31 2018) | | ■ Wages, commissions, bonuses, tips | \$39,142.57 | | ■ Wages, commissions, bonuses, tips | | \$24,784.79 | | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | dar year bef December 3 | | ■ Wages, commissions, bonuses, tips | | \$16,278.00 | ■ Wages, combonuses, tips | missions, | \$24,501.00 |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | each (befo | s income from source re deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Par | t 3: Lis | t Certain Pay | ments You | Made Before You Filed for I | Bankrup | otcy | | | |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Pess. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | | | | | |
| | Creditor | 's Name and | Address | Dates of payme | nt | Total amount | Amount you still owe | Was this | payment for |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| | btor 1 William James Slomcheck btor 2 Anna-Marie H Dolansky-Slomcheck | | | Case number (if known) | | 19-40977 | | | |
|-----|--|--|--|---------------------------------|-----------------------------------|---|--|--|--|
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpor of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including o a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | |
| | □ Y | es. List all payments to an insider. | | | | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | | | |
| 8. | inside | n 1 year before you filed for bankrupto er? e payments on debts guaranteed or cosi | | nents or transfer a | ny property on ac | count of a debt that benefited an | | | |
| | | No 'es. List all payments to an insider | | | | | | | |
| | | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | |
| Par | t 4: | Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | List all modified | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | |
| | Case Case | title number | Nature of the case | Court or agency | | Status of the case | | | |
| | Unkı Defe | nown Plaintiff vs Unknown endant 9587RK | vs Unknown BankruptcyChapt US BKPT CT OH er13 YOUNGSTO | | Pending On appeal Concluded | | | | |
| | | | | | | Dismissed - 0.00 | | | |
| | MAR | LIAM SLOMCHECK, ANNA RIE DOLANSKY SLOMCHECK nknown Defendant 1587 | Bankruptcy OHIO NORTHERN - Chapter 13 YOUNGSTOWN | | ☐ Pending ☐ On appeal ☐ Concluded | | | | |
| | | | | | | Dismissed - 0.00 | | | |
| | WILLIAM SLOMCHECK, ANNA MARIE DOLANSKY SLOMCHECK vs Unknown Defendant 1740587 | | Bankruptcy Chapter 13 | OHIO NORTHERN - YOUNGSTOWN | | □ Pending□ On appeal□ Concluded | | | |
| | | | | | | Dismissed - 0.00 | | | |
| | State Of Ohio vs WILLIAM SLOMCHECK, ANGELA SLOMCHECK 2015TL001667 | | STATE TAX LIEN | TRUMBULL COUNTY COMMON PLEAS | | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | | | | | | - 204.00 | | | |
| | SLO | stal Credit LIc vs WILLIAM MCHECK VF0384 | CIVIL JUDGMENT | TRUMBULL CO MUNICIPAL CO | - | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | | | | | | - 3,962.00 | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 William James Slomcheck Anna-Marie H Dolansky-Slomc | heck | | Case n | umber (if known) | 19-40977 | |
|--------|--|---------------|--|-----------|---|----------------------|---------------------------|
| Par | t 5: List Certain Gifts and Contributions | s | | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, d | did you give any gifts with a total va | alue of | more than \$600 |) per person | ? |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person |) | Describe the gifts | | Dates the gi | you gave fts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | | ons with | n a total value o | of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | otal | Describe what you contributed | | Dates contri | you buted | Value |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | otcy or | since you filed for bankruptcy, did | l you los | se anything be | cause of the | ft, fire, other disaster, |
| | how the loss occurred | Include | ibe any insurance coverage for the ethe amount that insurance has paid. Ince claims on line 33 of Schedule A/E | List per | nding loss | of your | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr | repariı | ng a bankruptcy petition? | | | | erty to anyone you |
| | NoYes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any pro transferred | perty | | oayment nsfer was | Amount of payment |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that | itors o | or to make payments to your credito | | lf pay or transf | er any prope | erty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | | Description and value of any pro transferred | perty | | payment nsfer was | Amount of payment |
| | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre | busin made | ness or financial affairs? as security (such as the granting of a | | | | |
| | Yes. Fill in the details. | | B | - | | | |
| | Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | pay | scribe any prop ments receive d in exchange | | Date transfer was made |
| | Person's relationship to you | | | | | | |
| Offici | al Form 107 State | ement c | of Financial Affairs for Individuals Filing | for Banl | kruptcy | | page 5 |

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Case number (if known) 19-40977

| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|-----|--|---|---------------------------|--|---|
| | unknown | 2001 Niccon Alti | ma junk oor | \$250.00 | 06/18 |
| | n/a | 2001 Nissan Alti | ша-јинк саг | \$250.00 | 00/10 |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No ☐ Yes. Fill in the details. | | y property to a s | elf-settled trust or similar devic | e of which you are a |
| | Name of trust | Description and va | alue of the prope | erty transferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stor | rage Units | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associate | other financial accoun | ts; certificates o | of deposit; shares in banks, cre | |
| | NoYes. Fill in the details. | | | | |
| | | ast 4 digits of ccount number | Type of accountinstrument | t or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, any | safe deposit box or other depo | ository for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, St State and ZIP Code) | | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 y | ear before you filed for bankru | ptcy? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or hat to it? Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | r Someone Else | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Inclu | de any property | you borrowed from, are storin | g for, or hold in trust |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, St Code) | | Describe the property | Value |
| Par | t 10: Give Details About Environmental Inform | nation | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 19-40977

| _ | | ulations controlling the cleanup of thes | | | | | | | | |
|-----|--|---|---------|--|-------|-------------------------------------|-----------------------|--|--|--|
| | | e means any location, facility, or proper own, operate, or utilize it, including disp | - | - | law, | whether you now own, operate, o | or utilize it or used | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, | | | | | | | | | |
| | haz | ardous material, pollutant, contaminan | t, or | similar term. | | | | | | |
| Rep | ort a | all notices, releases, and proceedings t | hat y | ou know about, regardless of wher | n the | ey occurred. | | | | |
| 24. | Has | s any governmental unit notified you that | at yo | u may be liable or potentially liable | unc | der or in violation of an environme | ental law? | | | |
| | _ | N. | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | | |
| | <u> </u> | me of site | | Governmental unit | | Environmental law, if you | Date of notice | | | |
| | | Idress (Number, Street, City, State and ZIP Code) | | Address (Number, Street, City, State and ZIP Code) | d | know it | | | | |
| 25. | Hav | ve you notified any governmental unit o | f any | release of hazardous material? | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 26. | Hav | ve you been a party in any judicial or ad | lmini | strative proceeding under any envi | ironi | mental law? Include settlements a | nd orders. | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | se Title | | Court or agency | Na | ture of the case | Status of the | | | |
| | Ca | se Number | | Name Address (Number, Street, City, State and ZIP Code) | | | case | | | |
| Pai | t 11: | Give Details About Your Business or | r Con | nections to Any Business | | | | | | |
| 27 | Wit | — hin 4 years before you filed for bankrup | ntev (| did vou own a business or have an | v of | the following connections to any | husiness? | | | |
| | **** | | - | • | - | • | buomeoo. | | | |
| | | □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | | <u></u> | рапу | (LLC) or infinited hability partnersh | ıp (L | LF) | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | | Yes. Check all that apply above and fi | ll in t | he details below for each business | S. | | | | | |
| | | siness Name | De | scribe the nature of the business | | Employer Identification number | | | | |
| | | Idress Imber, Street, City, State and ZIP Code) | Na | me of accountant or bookkeeper | | Do not include Social Security | number or ITIN. | | | |
| | | | | · | | Dates business existed | | | | |
| 28. | | hin 2 years before you filed for bankrup titutions, creditors, or other parties. | otcy, | did you give a financial statement t | to ar | nyone about your business? Inclu | de all financial | | | |
| | | No | | | | | | | | |
| | _ | NO Yes Fill in the details below | | | | | | | | |

Part 12: Sign Below

Name

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Date Issued

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(Number, Street, City, State and ZIP Code)

| Debtor 1 Debtor 2 | William James Slomcheck | | Case number (if known) | 19-40977 |
|----------------------|--|---|--|---------------------|
| Debioi 2 | Anna-Marie H Dolansky-Slomcheck | | Case number (ii known) | 13 40377 |
| | nkruptcy case can result in fines up to \$250,0 §§ 152, 1341, 1519, and 3571. | 00, or impris | sonment for up to 20 years, or both. | |
| /s/ Willia | am James Slomcheck | /s/ Anna | a-Marie H Dolansky-Slomcheck | |
| William | James Slomcheck | Anna-M | | |
| Signature | e of Debtor 1 | Signatur | e of Debtor 2 | |
| Date J | une 5, 2019 | Date | June 5, 2019 | |
| Did you a | ttach additional pages to Your Statement of I | inancial Aff | airs for Individuals Filing for Bankruptcy (| Official Form 107)? |
| ■ No | | | | |
| ☐ Yes | | | | |
| Did you p | ay or agree to pay someone who is not an att | orney to he | p you fill out bankruptcy forms? | |
| ■ No | | | | |
| ☐ Yes. Na | ame of Person . Attach the Bankruptcy Pe | er's Notice, Declaration, and Signature (Offici | al Form 119). | |

Official Form 107

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 8

| Fill in this information to identify your case: | | | | | | |
|---|---|--|--|--|--|--|
| Debtor 1 | William James Slomcheck | | | | | |
| Debtor 2 (Spouse, if filing) | Anna-Marie H Dolansky-Slomcheck | | | | | |
| United States E | Bankruptcy Court for the: Northern District of Ohio | | | | | |
| Case number (if known) | 19-40977 | | | | | |

| Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 3. The commitment period is 3 years. | | | | |
| | 4. The commitment period is 5 years. | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Colui Debt | | Colum Debto non-fi | = |
|---|---|------------------------------------|-----------------------------|---------------|----------|--------------------------|--------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and co | mmissio | ons (before all | \$ | 3,413.30 | \$ | 693.33 |
| Alimony and maintenance payments. Do not include Column B is filled in. | e payme | nts from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spouyou listed on line 3. Net income from operating a business, | t. Includ ld, your ouse. Ise. Do r | e regulai depende not includ | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 |
| profession, or farm | Debtor | - | | | | | |
| Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| rdinary and necessary operating expenses | - \$ _ | 0.00 | | | | | |
| Net monthly income from a business, profession, or fa | rm \$ _ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| Net income from rental and other real property | Debtor | 1 | | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| Net monthly income from rental or other real property | Φ — | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

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| | | | | | Column A Debtor 1 | | Column B Debtor 2 non-filing | or | |
|------|----------------|---|--|-------------------|-------------------|------------|------------------------------|--------------|----------------------------|
| 7. | Interes | t, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| 8. | Unemp | loyment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | | enter the amount if you contend ial Security Act. Instead, list it he | that the amount received was a bere: | enefit unde | r | | | | |
| | For y | ou | \$ | 0.00 | | | | | |
| | For y | our spouse | \$ | 0.00 | | | | | |
| 9. | | n or retirement income. Do not under the Social Security Act. | include any amount received that | at was a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Do not receive | nclude any benefits received un d as a victim of a war crime, a cr ic terrorism. If necessary, list oth | ted above. Specify the source ar der the Social Security Act or pay ime against humanity, or internat er sources on a separate page a | ments ional or | | | | | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | | Total amounts from separate p | ages, if any. | + | . \$ | 0.00 | \$ | 0.00 | |
| 11. | | | income. Add lines 2 through 10 umn A to the total for Column B. | for \$ | 3,413.30 | + \$ _ | 693.33 | = \$ | 4,106.63 |
| Part | 2: | Determine How to Measure Yo | ur Deductions from Income | | | | | | al average nthly income |
| 12. | Сору у | our total average monthly inco | ome from line 11. | | | | | \$ | 4,106.63 |
| 13. | Calcula | te the marital adjustment. Che | eck one: | | | | | | |
| | ☐ Yo | u are not married. Fill in 0 below | <i>1</i> . | | | | | | |
| | Yo | u are married and your spouse i | s filing with you. Fill in 0 below. | | | | | | |
| | | u are married and your spouse i | • • | | | | | | |
| | de | pendents, such as payment of the | ted in line 11, Column B, that was ne spouse's tax liability or the spo | ouse's suppo | ort of someon | e other th | an you or yo | ur depend | ents. |
| | ad | justments on a separate page. | ing this income and the amount of | of income de | evoted to eac | h purpose | . If necessar | y, list addi | ional |
| | If t | his adjustment does not apply, e | enter 0 below. | ¢ | | | | | |
| | | | | \$ | | _ | | | |
| | | | | | | | | | |
| | | | | | | _ | | | |
| | | Total | | . \$ _ | 0.0 | 00Co | py here=> | | 0.00 |
| 14. | . Your | current monthly income. Subtr | ract line 13 from line 12. | | | | | \$ | 4,106.63 |
| 15. | | | me for the year. Follow these s | teps: | | | | | 4 406 62 |
| | 15a. | Copy line 14 here=> | | | | | | \$ | 4,106.63 |
| | | Multiply line 15a by 12 (the num | ber of months in a year). | | | | | X | 12 |
| | 15b. | The result is your current month | ly income for the year for this par | t of the form | l | | | \$ | 49,279.56 |
| | | | | | | | | • | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1 Debtor 2

Case number (if known)

19-40977

| 16 | Calc | ulate | the median family income that applies to yo | ou. Follow these step | S: | | |
|----------|--------|---------|--|---------------------------|--|------------|------------------|
| | 16a. | Fill in | the state in which you live. | ОН | | | |
| | 16b. | Fill in | the number of people in your household. | 2 | | | |
| | | To fin | the median family income for your state and s d a list of applicable median income amounts, ctions for this form. This list may also be available. | go online using the li | | \$_ | 62,308.00 |
| 17 | How | do th | ne lines compare? | | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. Of 11 U.S.C. § 1325(b)(3). Go to Part 3. Do No. | | | | |
| | 17b. | | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 above. | lation of Your Dispo | | | |
| Part | 3: | Cal | culate Your Commitment Period Under 11 L | J.S.C. § 1325(b)(4) | | | |
| 18. | Copy | you | r total average monthly income from line 11 | | | \$ | 4,106.63 |
| 19. | conte | end th | e marital adjustment if it applies. If you are a at calculating the commitment period under 11 acome, copy the amount from line 13. | | | | |
| | 19a. | If the | marital adjustment does not apply, fill in 0 on l | ine 19a. | | -\$ | 0.00 |
| | 19b. | Subtr | ract line 19a from line 18. | | | \$ | 4,106.63 |
| 20. | Calc | ulate | your current monthly income for the year. | Follow these steps: | | | |
| | 20a. | Сору | line 19b | | | \$_ | 4,106.63 |
| | | Multip | oly by 12 (the number of months in a year). | | | | x 12 |
| | 20b. | The r | esult is your current monthly income for the ye | ar for this part of the f | form | \$_ | 49,279.56 |
| | 20c. | Сору | the median family income for your state and s | ize of household from | line 16c | \$_ | 62,308.00 |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | e ordered by the cour | t, on the top of page 1 of this form, chec | ck box 3, | The commitment |
| | | | Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4. | ess otherwise ordered | by the court, on the top of page 1 of the | is form, o | check box 4, The |
| Pari | 4: | Sig | n Below | | | | |
| | By si | gning | here, under penalty of perjury I declare that the | e information on this | statement and in any attachments is tru | e and co | rrect. |
|) | /s/ | Willia | am James Slomcheck | X _/s | s/ Anna-Marie H Dolansky-Slomc | heck | |
| | | | James Slomcheck e of Debtor 1 | | nna-Marie H Dolansky-Slomched ignature of Debtor 2 | k | |
| | Date | | ne 5, 2019 / DD / YYYY | D | ate June 5, 2019 MM / DD / YYYY | | |
| | If you | | cked 17a, do NOT fill out or file Form 122C-2. | | == , | | |
| | If you | ı chec | sked 17b, fill out Form 122C-2 and file it with the | nis form. On line 39 of | that form, copy your current monthly in | come fro | m line 14 above. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In | William James Slomcheck Anna-Marie H Dolansky-Slomcheck | | Case No. | 19-40977 | | |
|------------|--|--|--|-------------------------------------|--|--|
| | • | Debtor(s) | Chapter | 13 | | |
| ١. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I | certify that I am the attorn | ey for the above nam | ed debtor(s) and that | | |
| | compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or | | | | | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | | |
| | Prior to the filing of this statement I have received | | <u> </u> | 0.00 | | |
| | Balance Due | | \$ | 4,000.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 1. | ■ I have not agreed to share the above-disclosed compensa | tion with any other person | unless they are memb | pers and associates of my law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statemerc. Representation of the debtor at the meeting of creditors ard. [Other provisions as needed] | nt of affairs and plan which and confirmation hearing, ar | may be required; and any adjourned hear | ings thereof; | | |
| | Negotiations with secured creditors to reduce reaffirmation agreements and applications a 522(f)(2)(A) for avoidance of liens on housel | as needed; preparation | | | | |
| 5 . | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions of any other adversary proceeding. | | | | | |
| | Cl | ERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of any agr s bankruptcy proceeding. | reement or arrangement for | payment to me for re | presentation of the debtor(s) in | | |
| _ | June 5, 2019 | /s/ Daniel J. Solm | | | | |
| | Date | Daniel J. Solmen 0061536 Signature of Attorney | | | | |
| | | Daniel J. Solmen | Attorney at Law | | | |
| | | 1045 Tiffany Sout Youngstown, OH | | | | |
| | | 330-758-6900 Fa | x: 330-758-2250 | | | |
| | | dansolmen@yah | oo.com | | | |
| | | Name of law firm | | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | William James Slomcheck | Case No. | 19-40977 | |
|-------|---------------------------------|-----------|----------|----------|
| mie | Anna-Marie H Dolansky-Slomcheck | | Case No. | 19-40911 |
| | | Debtor(s) | Chapter | 13 |

| VERIFICATION OF CREDITOR MATRIX | | | | | | |
|---|--------------|---|--|--|--|--|
| The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | | | |
| Date: | June 5, 2019 | /s/ William James Slomcheck William James Slomcheck | | | | |
| | | Signature of Debtor | | | | |
| Date: | June 5, 2019 | /s/ Anna-Marie H Dolansky-Slomcheck Anna-Marie H Dolansky-Slomcheck | | | | |
| | | Signature of Debtor | | | | |